

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of PATRICIA CAULEY and U.S. POSTAL SERVICE,  
POST OFFICE, Tallahassee, Fla.

*Docket No. 97-1401*  
*Issued December 23, 1998*

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DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,  
BRADLEY T. KNOTT

The issue is whether appellant has met her burden of proof in establishing that her shoulder condition is causally related to factors of her employment.

On April 23, 1995 appellant, then a 52-year-old rural letter carrier, filed a claim for pain in both shoulders and the left hand at the thumb and fibromyalgia in her back. Appellant related her condition to repetitive motion in casing mail and putting mail in mailboxes, many are too low or too high. In a November 7, 1995 decision, the Office of Workers' Compensation Programs rejected appellant's claim on the grounds that the fact of an injury had not been established. In a March 24, 1996 letter, appellant requested reconsideration. In an April 3, 1996 merit decision, the Office denied appellant's request for modification of the November 7, 1995 decision. In an October 10, 1996 decision, appellant again requested reconsideration. In a December 17, 1996 merit decision, the Office again denied appellant's request for modification of the Office's prior decision.

The Board finds that the case is not in posture for a decision.

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed;<sup>1</sup> (2) a factual statement identifying the employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;<sup>2</sup> and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the

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<sup>1</sup> See *Ronald K. White*, 37 ECAB 176, 178 (1985).

<sup>2</sup> See *Walter D. Morehead*, 31 ECAB 188, 194 (1979).

diagnosed condition is causally related to the employment factors identified by the claimant.<sup>3</sup> The medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant,<sup>4</sup> must be one of reasonable medical certainty,<sup>5</sup> and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>6</sup>

In an April 24, 1995 duty status report, Dr. Jean Murphy, a Board-certified internist, stated that she could not ascribe appellant's fibromyalgia symptoms as work related. In a May 11, 1995 report, Dr. David C. Berg, an orthopedic surgeon specializing in hand surgery, diagnosed carpometacarpal arthritis and bilateral shoulder pain. In a May 17, 1995 report, Dr. Eric H. Loevinger, a Board-certified radiologist, indicated that a magnetic resonance imaging (MRI) scan of the right shoulder showed some degenerative changes in the anterior superior glenoid labrum, probable tendinopathy or tendinitis of the long biceps tendon and mild tendinopathy in the critical region of the supraspinatus tendon without evidence of a tear. In a December 14, 1995 report, Dr. Berg stated that appellant over the years of heavy lifting had developed cumulative trauma with arthritic changes of both thumb carpometacarpal joints, and of the rotator cuff and acromioclavicular joints bilaterally. He attributed appellant's degenerative disease of the rotator cuffs and thumbs to the cumulative trauma. In an Office note of the same date, Dr. Berg stated that, as appellant had worked as a letter carrier for over 20 years, requiring repetitive lifting with her hand and shoulder, the post-traumatic changes she had experienced had been contributed to by her job and were certainly work related. In a March 14, 1996 report, Dr. Berg diagnosed bilateral rotator cuff pathology, bilateral acromioclavicular arthrosis and bilateral thumb carpometacarpal arthritis, supported by clinical tests, x-rays and the MRI scan. He stated that appellant's job had contributed to these conditions which included repetitive lifting and reaching as well as manipulation of objects. In a July 17, 1996 report, Dr. Steven J. Sukstorf, a Board-certified radiologist, stated that an MRI scan of the left shoulder showed probable impingement on the supraspinatus tendon, osteoarthritis of the acromioclavicular articulation and a prominent subacromial tip spur. An MRI scan of the right shoulder showed persistent moderate degenerative changes of the superior glenoid labrum and persistent mild tendinosis of the supraspinatus tendon. In an August 19, 1996 report, Dr. Michael X. Rohan, a Board-certified orthopedic surgeon, diagnosed bilateral shoulder impingement. He reported that MRI scans of both shoulders, taken on July 19, 1996, showed bilateral shoulder impingement. Dr. Rohan stated that this condition was caused by her repetitive use during the course of employment. He commented that impingement was known to be caused by overhead motion and indicated that a letter carrier performs a great deal of

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<sup>3</sup> See generally *Lloyd C. Wiggs*, 32 ECAB 1023, 1029 (1981).

<sup>4</sup> *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>5</sup> See *Morris Scanlon*, 11 ECAB 384, 385 (1960).

<sup>6</sup> See *William E. Enright*, 31 ECAB 426, 430 (1980).

overhead motion repetitively in the course of his or her job. These medical reports, taken together, showed that appellant's bilateral shoulder condition was related to repetitive motion in her work as a letter carrier, particularly in working overhead. This is in contrast to the report of Dr. Murphy who stated that appellant's fibromyalgia was not work related. The reports, while insufficient to establish appellant's burden of proof, are sufficiently consistent to require further development of the medical evidence.<sup>7</sup>

On remand the Office should refer appellant, together with the statement of accepted facts and the case record, to an appropriate physician for an examination and opinion on whether appellant's bilateral shoulder condition was causally related to factors of employment, particularly repetitive motion in her job. After further development as it may find necessary, the Office should issue a *de novo* decision.

The decisions of the Office of Workers' Compensation Programs, dated December 17 and April 3, 1996 are hereby set aside and the case remanded for further action in accordance with this decision.

Dated, Washington, D.C.  
December 23, 1998

Michael J. Walsh  
Chairman

Willie T.C. Thomas  
Alternate Member

Bradley T. Knott  
Alternate Member

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<sup>7</sup> John J. Carlone, 41 ECAB 354 (1989).